

City of Rocky Mount
Inspection Services
Insulation
Permit Application
Fee Type (Non-Residential)

Applicant Name			Date
Project Address		Subdivision	
Developer		Telephone	
Property Owner		Telephone	
Insulation Contractor		State License #	
Address			
City	State	Zip Code	Telephone
Project Supervisor		Telephone	
Description of Work			
Type of Work (Check all that apply) <input type="checkbox"/> New Construction <input type="checkbox"/> Room Addition <input type="checkbox"/> Other			
Permit Fees based on Value of Work			
<input type="checkbox"/> \$ 100.00 or Less		\$ 65.00 per permit	
<input type="checkbox"/> Over \$ 100 to \$ 5,000		\$ 25.00 per \$ 1,000 or Fraction thereof	
<input type="checkbox"/> Over \$ 5,000 to \$ 10,000		\$ 85.00 for first \$ 5,000 plus \$ 11.50 for each additional \$ 1,000 or fraction thereof	
<input type="checkbox"/> Over \$ 10,000		\$ 145.00 for first \$ 10,000 plus \$ 8.50 for each additional \$ 1,000 or fraction thereof	
Minimum Fee \$ 65.00 Failure to Obtain Permit \$ 250.00 Extra Inspection Fee \$ 75.00 (Minimum two hour charge after normal working hours) Reinspection Fee \$ 75.00			
<div style="text-align: right; margin-right: 50px;">Total Fees</div>			

I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein. I further understand that this is not an authorization to begin work. **Work may only commence after approval and issuance of the permit.**

Owner/Applicant Signature

(Do not write below this line. For office use only)

Received by _____ Approved by _____ Date Approved _____

Revise 7/06